## MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

	NUMBER OF CO				
VA (FREE)	FICA (FREE)	PERSONAL	TOTAL	\$10.00 EACH COPY	
full name of deceased	FIRST	MIDDLE		LAST	2. TODAY'S DATE
3. DATE OF DEATH	MONTH DA	AY YEAR	4. PLACE OF DEATH	CITY OR TOWN	COUNTY
5. FUNERAL HOME				FOR OF	FFICE USE ONLY
<b>6.</b> SIGNATURE OF APPLICANT				PERMIT # & SFN	
RELATIONSHIP TO DECEASED		TELEPHONE NUMBER			
				DATE REGISTERED	
				Receipt # (Cash or C	harge)
Your Name	PRINT OR TYPE YOUR NAME AND MAILING ADDRESS			DOC SERIAL # (BEGINNING)	
MAILING ADDRESS STREET OR P.O. BOX				DOC SERIAL # (ENDIN	NG)
CITY AND STATE			Government ID, & Exp. [	Date	

081-2516 R05-03 If applying in person, we are located at 1825 E. Roosevellt, Phoenix, Arizona 85006

MAKE CHECK PAYABLE TO AND MAIL TO: MARICOPA COUNTY DEPT. OF PUBLIC HEALTH SERVICES • Office of Vital Statistics • P.O. Box 2111 • Phoenix, AZ 85001 • (602)506-6805

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FICA (FREE)  FIRST  MONTH	PERSONAL  MIDDLE  DAY YEAR	TOTAL \$	\$10.00 E	ACH COPY  TODAY'S DATE
		\$	LAST	7 TODAY'S DATE
			LAST	7 TODAY'S DATE
MONTH	DAV VEAD			<b>L</b> .
	DAT YEAR	4. PLACE OF DEATH	CITY OR TOWN	COUNTY
		•		CE USE ONLY
		TELEPHONE NUMBER	PERMIT # & SFN	
			DATE REGISTERED	
			Receipt # (Cash or Charge)	)
PRINT OR TYPE YOUR NAME AND MAILING ADDRESS			DOC SERIAL # (BEGINNING)	
			DOC SERIAL # (ENDING)	
ZIP			Government ID, & Exp. Date	
	PRINT OR TYP	PRINT OR TYPE YOUR NAME AND MAILING A	TELEPHONE NUMBER  PRINT OR TYPE YOUR NAME AND MAILING ADDRESS	PERMIT # & SFN  TELEPHONE NUMBER  DATE REGISTERED  Receipt # (Cash or Charge  PRINT OR TYPE YOUR NAME AND MAILING ADDRESS  DOC SERIAL # (BEGINNING)  ZIP  Government ID, & Exp. Date

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NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

DAY OF

Subscribed and Sworn to or Affirmed Before Me This.

NOTARY'S SIGNATURE

DAY OF.

Subscribed and Sworn to or Affirmed Before me This.

MY COMMISSION EXPIRES:

IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED
If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.
WARNING: False application for a death certificate is a punishable offense.
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